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4678 7590 07/14/2005 MACCORD MASON PLLC 300 N. GREENE STREET, SUITE 1600 P. O. BOX 2974 GREENSBORO, NC 27402 10/18/2005 RFEKADU2 00000061 09839527			oci oci	OT 17 min will		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)			
	FC:1501 1400.00 DP FC:1504 300.00 DP FC:8001 6.00 DP		FIRST NAMED INVI			Dong	D Cottelle 0-10-05	(Signature)	
03 1					INVEN	TOP	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	APPLICATION NO.				Dietrich Charisius		30013630-0013	2145	
	09/839,527 04/20/2001 Dietrich Charisius 30013630-0013 2145 TITLE OF INVENTION: METHODS AND SYSTEMS FOR ANIMATING THE INTERACTION OF OBJECTS IN AN OBJECT ORIENTED PROGRAM								
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	APPLN. TYPE SMALL ENTITY ISS		ISSUE F	EE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional NO		\$1400			\$300	\$1700	10/14/2005	
	EXAMINER ART U		IT	CI	LASS-SUBCLASS]			
	SHRADER, LAWRENCE J 2193					717-109000			
	 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR CO									
	Borland So	Cupertino, CA							
	ease check the appropriate assignee category or categories (will not be printed on the patent):								
	. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
	Issue Fee			A check in the amount of the fee(s) is enclosed.					
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	Authorized Signature Mullium					Date	0-11-05		
	Typed or printed name Housard A-MacCord, Jr. Registration No. 28,639								
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